

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NextGen Climate Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00547349
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>AirSign Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2014</b>
Mailing Address 12 NW 5th Pl		Amount <b>6600.00</b>
City Williston	State FL	Zip Code 32696-1622
Purpose of Expenditure Aerial Advertising	Category/ Type	Transaction ID : <b>VNTPK9Q83J8</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Cory Gardner		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Markham Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2014</b>
Mailing Address 1000 W 3rd St		Amount <b>9624.88</b>
City Little Rock	State AR	Zip Code 72201-2006
Purpose of Expenditure Event Management Services - ESTIMATE	Category/ Type	Transaction ID : <b>VNTPK9Q8M93</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Joni Ernst		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>16224.88</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 26 / 2014**

Signature